CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS A

COVER PAGE

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Candidate

A Public Document

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NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Tsunoyoshi	Raynor Isuneo	1	1916/2634326
MAILING ADDRESS STREET (May use business address)	CITY	STATE ZIP CODE	OPTIONAL: FAX / E-MAIL ADDRESS
2000 Evergreen	St. Suite 100, Sacram	ento, CA 95825	
1. Office, Agency, or C	ourt	4. Schedule Summ	nary (
Name of Office, Agency, or Court:		➡ Total number of pages	
Dept. of Boating and Water	vays	including this cover p	age:
Division, Board, District, if app	icable:	➡ Check applicable sche interests."	edules or "No reportable
Your Position:		I have disclosed interests on one or more of the attached schedules:	
➡ If filling for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)		Schedule A-1 Yes - schedule attached Investments (Less than 10% Ownership)	
Agency:		Schedule A-2 Yes — schedule attached Investments (10% or greater Ownership)	
Position:		Schedule B Yes	- schedule attached
2. Jurisdiction of Office (Check at least one box)		Schedule C Yes — schedule attached Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)	
County of		Schedule D Yes – schedule attached	
☐ City of		Schedule E Yes	aabaalala attaabaal
Multi-County		Schedule E Yes – schedule attached Income – Travel Payments	
☐ Other	1 1	-6	or-
		No reportable interests on any schedule	
3. Type of Statement (Check at least one box)	_V No reportable interes	or any schedule
Assuming Office/Initial	Date:/	5. Verification	
		I have used all reasona	ble diligence in preparing this
-or			this statement and to the best of tion contained herein and in any
O The period covered is/, through December 31, 2007.		attached schedules is true and complete.	
Leaving Office Date Left:/(Check one)		I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
O The period covered is January 1, 2007, through the date of leaving office.		Date Signed 2/19/04 (month, day, year)	
-or-		d	
O The period covered is the date of leaving office.		Signature	planed statement with your files offsi-1